



PLANNING/PERMITS AND INSPECTIONS DIVISION

Ornita Green, Director of Planning

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COMMERCIAL CHANGE OF OCCUPANCY

**** See second page for submittal requirements**

Address of Business		Name of Proposed Business	
Legal Description	Zoning District	Subdivision (if any)	Name of Shopping Ctr.
Owner of Building	Mail Address	Zip	Phone
Name of Proposed Occupant (Tenant)	Mail Address	Zip	Business Phone
What name will the Electrical Service bill be in? (must be the exact name you have given to Electrical Provider)			
Type of Proposed Business (please be specific)		Occupancy Group	
Previous Business		Occupancy Group	
Business Hours	Anticipated date of move-in	Number of employees	
Are you locating this business from another Missouri City Location? Yes or No (please circle one) Do you own other businesses?			
DESCRIBE BUSINESS IN DETAIL: (INCLUDE ALL ACTIVITIES)			
Applicant Printed Name		Applicant Contact Number	E-mail Address
Occupied Space Square Feet: _____ Have you checked with Utility District for additional requirements ____ Yes ____ No Do you plan any changes? _ Structure _ Plumbing _ Electrical _ A/C _ Other Prior to issuance of a Certificate of Occupancy: general electrical/occupancy inspections must be approved to have Permanent electrical service. I am aware that I must apply for and receive a sign permit before I erect any sign in Missouri City. I have received a copy of the sign ordinance. _____ Applicant _____ Date		<u>FOR OFFICE USE ONLY:</u> <u>FEES</u> ____ \$25 Site Inspection ____ \$50 General electric only (owner name change) ____ \$100 Occupancy inspection Rcvd By (PSR intl's) _____ Date _____ Application Number _____ This is a conditional Certificate of Zoning Compliance Planning Approval _____ Date _____ Approval: Building Official _____ Date _____ Director of Planning _____ Date _____	



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****List of Items to be submitted after the Zoning Use has been approved**

This is not an all inclusive list

1. Provide (dimensioned) Existing and Proposed Floor Plan
 - a. Show Existing electrical panel & electrical meter location
 - b. Show Existing emergency lights and exit signs
 - c. Show Fire extinguisher type and location(s)
 - d. Plumbing facilities (w/c / lav(s), drinking fountain, service sink location & number of plumbing fixtures
2. Rack and/or Shelf; material, height and isle spacing (dimensioned plan)
3. Provide Material Safety Data Sheets
4. Provide amount of Hazardous material to be stored (liquid, gas & solid)
5. Provide Operational Plan (Describe Business in Detail)